

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

**10 / 528630**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I					
2		I				
3	I					
4		I				
5	I					
6	I					
7	I					
8	C	C				
9	I					
10	I					
11	I					
12	I					
13		I				
14	I					
15	I					
16		I				
17		I				
18		I				
19	I					
20	C	C				
21	I					
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50						
TOTAL IND.	14	↓		↓		↓
TOTAL DEP.	6	←		←		←
TOTAL CLAIMS	20					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						